

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY WISCONSIN
DATE RECEIVED
MAY 10 2013
Bayfield Co. Zoning Dept.

Permit #: 13-0073
Date: 5-13-13
Amount Paid: \$75
Refund: 5-13-13
ENTERED

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning.asp)

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER		
Owner's Name: James A Halvorsen	Mailing Address: 7025 Staples Ave Iron River Wis 54847	Telephone:
Address of Property: 7025 Staples Ave	City/State/Zip: Iron River Wis 54847	Cell Phone: 715 817 5122
Contractor: SELF	Contractor Phone:	Plumber Phone:
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone:	Agent Mailing Address (include City/State/Zip):
PROJECT LOCATION: Legal Description: (Use Tax Statement) 04-02-27N-08-01-2-00-288 16.000		Recorded Document: (i.e. Property Ownership) Volume: Pages: 5
1/4, 1/4 Gov't Lot Lot(s) CSM Vol & Page Lot(s) No. Block(s) No. Subdivision: STAPLES ADDITION		Lot Size Acreage 0.313
Section 7, Township 47 N, Range 8 W Town of: IRON RIVER		
<input type="checkbox"/> Shoreland <input checked="" type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? <input checked="" type="checkbox"/> If Yes--Continue <input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage <input checked="" type="checkbox"/> If Yes--Continue	Distance Structure is from Shoreline: feet Distance Structure is from Shoreline: feet Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Value at Time of Completion * include donated time & material \$24,450	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Year Round	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> Municipal/City	<input type="checkbox"/> City
<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> 2-Story	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input checked="" type="checkbox"/> Well
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> Basement	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input type="checkbox"/>
<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	<input type="checkbox"/>
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> Foundation	<input type="checkbox"/> Foundation	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> None	<input type="checkbox"/>

Existing Structure: (if permit being applied for is relevant to it)	Length: 40	Width: 32	Height:
Proposed Construction:	Length: 40	Width: 32	Height:

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	(X)	
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	(X)	
	<input type="checkbox"/> with Loft	(X)	
	<input type="checkbox"/> with a Porch	(X)	
	<input type="checkbox"/> with (2nd) Porch	(X)	
	<input type="checkbox"/> with a Deck	(X)	
	<input type="checkbox"/> with (2nd) Deck	(X)	
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities	(X)	
	<input type="checkbox"/> Mobile Home (manufactured date)	(X)	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Addition/Alteration (specify) 40x32	(40 X 32)	1280
	<input checked="" type="checkbox"/> Accessory Building (specify)	(X)	
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify)	(X)	
Rec'd for Issuance			
MAY 13 2013	Special Use: (explain)	(X)	
	Conditional Use: (explain)	(X)	
Secretarial Staff	Other: (explain)	(X)	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): (if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date MAY 7 2013

Authorized Agent: (if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date

Address to send permit

If you recently purchased the property send your Recorded Deed

Attach

Copy of Tax Statement

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Set Backs?

	Proposed Construction
(1) Show location of:	(*) Driveway and (*) Frontage Road (Name Frontage Road)
(2) Show / Indicate:	North (N) on Plot Plan
(3) Show location of (*):	All Existing Structures on your Property
(4) Show:	(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(5) Show:	(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(6) Show any (*):	(*) Wetlands; or (*) Slopes over 20%
(7) Show any (*):	150



(8) **Setbacks:** (measured to the closest point)

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed side of the structure, or must be marked by a licensed surveyor at the owner's expense.

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

The local Town, Village, City, State or Federal agencies may also require permits.

Inspection Record: WDSW	SHORE	WATER	IS	GENERATED	BY	OWNER	ATTAINS	7. WEST	PROVIDE	(P.d)
GDE Requirements (default may be stated).										Lakes Classification (—)
Joining District										

Condition(s): Town, Committee or Board Conditions Attached? ☐ Yes ☐ No - (If No they need to be attached.)

Signature of Inspector:	Date of Approval:
-------------------------	-------------------

Hold For Sanitary: ☒ _____

Hold For TBA: ☐ _____

Hold For Affidavit: ☐ _____

Hold For Fees: ☐ _____

	Proposed Construction
(1) Show Location of:	North (N) on Plot Plan
(2) Show / Indicate:	All Driveway and (*) Frontage Road (Name Frontage Road)
(3) Show Location of (*):	All Existing Structures on your Property
(4) Show:	(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(5) Show:	(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(6) Show any (*):	(*) Wetlands; or (*) Slopes over 20%
(7) Show any (*):	



(8) **Setbacks:** (measured to the closest point)

(9) **State or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).**

NOTICE: All land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)

Sanitary Number: 67-835

of bedrooms:Sanitary Date: 2007

Permit #:	13-0074
Permit Date:	5-14-13

Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	<input type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Used/Contiguous Lot(s)) <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes
Granted by Variance (B.O.A.) Case #:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.) Case #:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

<p>Was Parcel Legally Created <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Was Proposed Building Site Delineated <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Were Property Lines Represented by Owner <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>Inspection Record: <i>NE of square, outside, structure of map database</i></p>	<p>Zoning District <i>(R-1)</i> Lakes Classification <i>()</i></p>

Date of inspection:	2.8.13	Issues
Inspected by:	Dr	

Inspected by: DD

Conditions: Town, Committee or Board Conditions Attached? ☐ Yes ☐ No (If No, they need to be attached)
 The Plans & Conditions of The Request To Amend/Modify/Supplement And Are This Only To The current

ALL THE FUTURE RECOVERY ANALYSIS AS A CONDITION OF THIS PAYMENT & ONLY AFTER THE RECOVERED STATE.
THOSE RECOVERIES ~~SHOULD~~ BE TO THE UNDERSIGNED MUST BE WORKING WITHIN 1/01/2011 YEAR OR THE DATE OF THIS

Date of Approval: 5-14-15

Section 13.140 (1)(2) c in 2

SUBMIT: COMPLETED APPLICATION, TAX
STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
Date Stamp (received)
MAY 02 2013
Bayfield Co. Zoning Dept.

Permit #: 13-0078 ENTERED
Date: 5-14-13
Amount Paid: \$615 5-3-13
Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning.asp)

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER		
Owner's Name: Donna A. Wheeler	Mailing Address: 3423 Sharon Dr Eau Claire, WI 54601	City/State/Zip: 715-577-5142
Address of Property: 65260 Millicent Point Dr Iron River, WI 54847		Call Phone: 715-577-5142
Contractor: Daystar Cabinets, Inc	Contractor Phone: n/a	Plumber Phone: n/a
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone: 3413 Nimitz St. Eau Claire, WI 54601	Written Authorization Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
PROJECT LOCATION: Legal Description: (Use Tax Statement)	PIN: (23 digits) 04-084-2-47-08-28-4	Recorded Document: (i.e. Property Ownership) Volume: Page(s):
1/4, 1/4	Gov't Lot 1 + 2	Lot(s) No. 4, 7, 5, 20, 23
Section 27 + 28	N, Range W	Town of: Iron River
<input checked="" type="checkbox"/> Shoreland <input type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? <input type="checkbox"/> If yes---continue <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue <input checked="" type="checkbox"/>	Distance Structure is from Shoreline: feet 35 Distance Structure is from Shoreline: feet 35 Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Value at Time of Completion * include donated time & material \$14,000	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input checked="" type="checkbox"/> Seasonal	<input type="checkbox"/> Year Round	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> 2-Story	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists)	Specify Type: CONY.	<input checked="" type="checkbox"/> Well
<input type="checkbox"/> Conversion	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>
<input checked="" type="checkbox"/> 62200	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

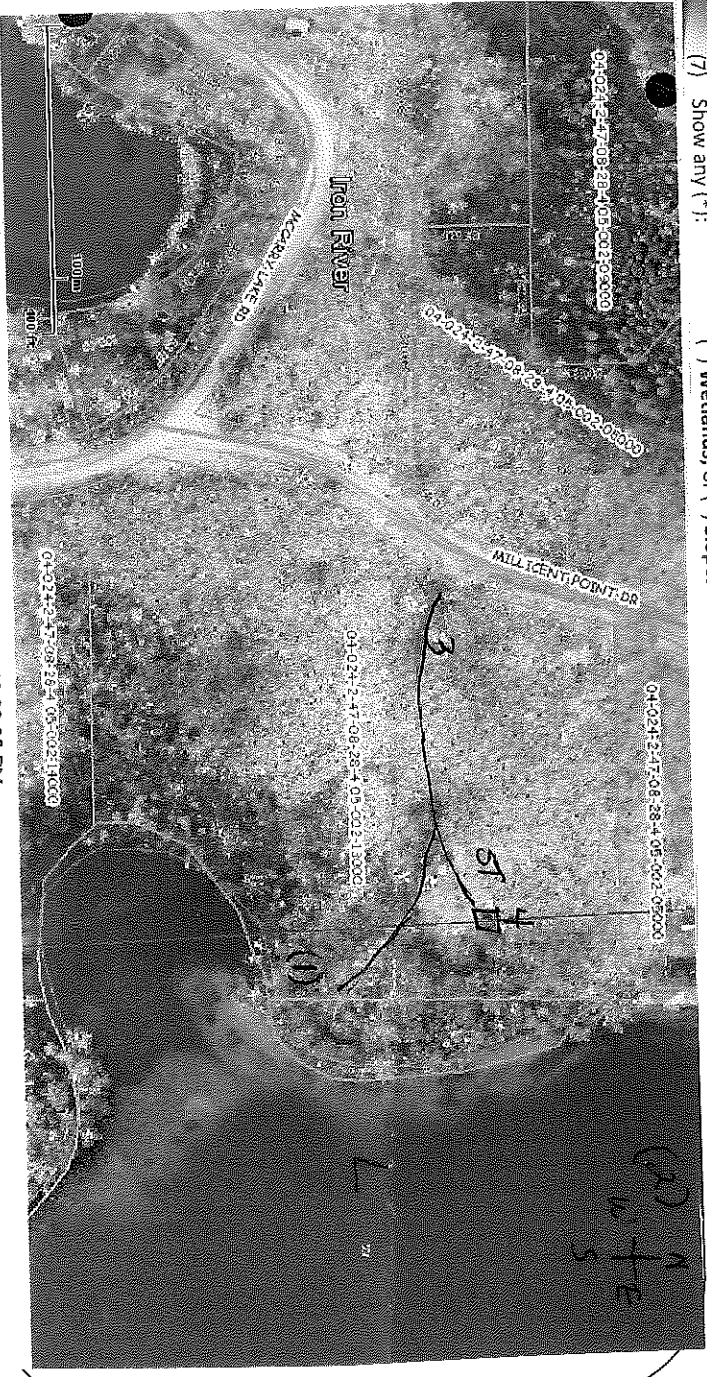
Existing Structure: (if permit being applied for is relevant to it) Length: 15 feet Width: 15 feet Height:
Proposed Construction: Length: Width: Height:

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	(X)	
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	(X)	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> with Loft	(X)	
	<input type="checkbox"/> with a Porch	(X)	
	<input type="checkbox"/> with (2nd) Deck	(X)	
	<input type="checkbox"/> with Attached Garage	(X)	
	<input type="checkbox"/> Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)	(X)	
	<input type="checkbox"/> Mobile Home (manufactured date)	(X)	
	<input type="checkbox"/> Addition/Alteration (specify)	(X)	
	<input type="checkbox"/> Accessory Building (specify)	(X)	
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify)	(X)	
Rec'd for Issuance	Special Use: (explain)	(X)	
MAY 14 2013	Conditional Use: (explain)	(X)	
Secretarial Staff	Other: (explain) 62200	(15 x 15)	185 sq ft

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES OCTAGON
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Donna A. Wheeler
(If there are Multiple Owners listed on the Deed All Owners must sign or letter of authorization must accompany this application)
Authorized Agent: Susan Elce/Wheeler
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
Address to send permit 3413 Nimitz St. Eau Claire, WI 54601
Date 4-29-13
Date 4/29/13
Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Proposed Construction	show Location of: show / indicate: show Location of (*):
North (N) on Plot Plan	
(*) Driveway and (*) Frontage Road (Name Frontage Road)	
All Existing Structures on your Property	
(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)	
(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond	
(*) Wetlands; or (*) Slopes over 20%	



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please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)				
Description	Measurement		Description	Measurement
Setback from the Centerline of Platted Road	200'	Feet	Setback from the lake (ordinary high-water mark)	35'
Setback from the Established Right-of-Way		Feet	Setback from the River, Stream, Creek	
			Setback from the Bank or Bluff	
Setback from the North Lot Line	2300'	Feet		25'
Setback from the South Lot Line	2300'	Feet	Setback from Wetland	
Setback from the West Lot Line	2300'	Feet	Setback from 20% Slope Area	N/A
Setback from the East Lot Line	435'	Feet	Elevation of Floodplain	
Setback to Septic Tank or Holding Tank		Feet	Setback to Well	N/A
Setback to Drain Field	150'	Feet		
Setback to Privy (Portable, Composting)		Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

Setback to Septic Tank or Holding Tank (HT), Privy (P), and Well (W).

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

1 Year from the Date of Issuance if Construction or Use Has Not Begun;

For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are required to enforce the following:

Issuance Information (County Use Only)				Sanitary Number:		# of bedrooms:		Sanitary Date:	
Permit Denied (Date):				Reason for Denial:					
Permit #: 13-0078				Permit Date: 5-14-13					
Is Parcel a Sub-Standard Lot <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is Parcel in Common Ownership <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is Structure Non-Conforming <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Mitigation Required Mitigation Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Affidavit Required Affidavit Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Case #: Was Parcel Legally Created <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Was Proposed Building Site Delineated <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #: Were Property Lines Represented by Owner <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Was Property Surveyed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Inspection Record: <u>Properly issued conditions meet statutory requirements</u> <u>Result after the issued roadway, recording of affidavit</u>				Inspection Date: <u>05-1-13</u>		Inspected by: <u>DXC</u>		Date of Re-Inspection:	
Condition(s): <u>Town, Committee or Board Conditions Attached?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No <u>(If No they need to be attached)</u> <u>Conditions as stated within the recorded agreed agreement the building code council</u> <u>& the future roadway conditions so long as agreed exists in the contract for utility</u> <u>that result has been issued.</u>				Date of Approval: <u>5-14-13</u>		Signature of Inspector: <u>[Signature]</u>		Affidavit: <input checked="" type="checkbox"/>	
Hold For Sanitary: <input type="checkbox"/>				Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>		Hold For Fees: <input type="checkbox"/>	

Wheeler Gazebo



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Buffer as demonstrated on air photos exist
at time of application.

Rlt
D.

SUBMIT: COMPLETED APPLICATION, TAX
STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
DATE RECEIVED
MAY 06 2013
Bayfield Co. Zoning Dept.

Permit #:	13-0079	ENTERED
Date:	5-15-13	
Amount Paid:	\$7556-13	
Refund:		

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning.asp)

TYPE OF PERMIT REQUESTED →		<input checked="" type="checkbox"/> LAND USE		<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVY	<input type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER
Owner's Name: Donald B Peterson		Mailing Address: 66835 Spider Lake Circle Iron River WI 54847		City/State/Zip: Iron River WI 54847		Telephone: 715-372-5322		Cell Phone:	
Address of Property:		Contractor Phone: 715-291-8207		Plumber:		Plumber Phone:		Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No	
Authorized Agent: (Person Signing Application on behalf of Owner(s)) Nate Johnson		Agent Phone:		Agent Mailing Address (include City/State/Zip):		Recorded Document: (i.e. Property Ownership) Volume 1064 Page(s) 689			
PROJECT LOCATION 1/4, 1/4 Gov't Lot 1 Lot(s) CSM Vol & Page 1064 689		PIN: (23 digits) 04-024-02-47-08-19-1-05-001		Town of: Iron River		Lot Size		Acreage 1.3	
Section 19 , Township 47 N , Range 8 W		Distance Structure is from Shoreline: _____ feet		Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<input type="checkbox"/> Shoreland →		Creek or Landward side of Floodplain? _____		Distance Structure is from Shoreline: _____ feet					
<input type="checkbox"/> Non-Shoreland		If yes---continue →		Distance Structure is from Shoreline: 145' feet					

Value at Time of Completion * include donated time & material \$10,000.00	Project (What are you applying for) <input checked="" type="checkbox"/> New Construction	# of Stories and/or basement <input checked="" type="checkbox"/> 1-Story	Use <input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round	# of bedrooms <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	What Type of Sewer/Sanitary System is on the property? <input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: 51	Water <input type="checkbox"/> City <input checked="" type="checkbox"/> Well
<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> 2-Story	<input type="checkbox"/> Basement	<input type="checkbox"/> No Basement	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Foundation
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> Foundation	<input type="checkbox"/> None	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> None		

Existing Structure: (if permit being applied for is relevant to it)	Length: _____	Width: _____	Height: _____
Proposed Construction:	Length: _____	Width: _____	Height: _____

Proposed Use <input checked="" type="checkbox"/>	Proposed Structure		Dimensions	Square Footage
	<input type="checkbox"/> Principal Structure (first structure on property)			
<input type="checkbox"/> Residential Use	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)		(<input type="checkbox"/> X)	
	<input type="checkbox"/> with Loft		(<input type="checkbox"/> X)	
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> with a Porch		(<input type="checkbox"/> X)	
	<input type="checkbox"/> with (2 nd) Deck		(<input type="checkbox"/> X)	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> with Attached Garage		(<input type="checkbox"/> X)	
	<input type="checkbox"/> Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities		(<input type="checkbox"/> X)	
<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	<input type="checkbox"/> Mobile Home (manufactured date) _____		(<input type="checkbox"/> X)	
	<input type="checkbox"/> Addition/Alteration (specify) _____		(<input type="checkbox"/> X)	
Rec'd for Issuance MAY 14 2013 5 (24)	<input type="checkbox"/> Accessory Building (specify) _____		(<input type="checkbox"/> X)	1600
	<input type="checkbox"/> Special Use: (explain) _____		(<input type="checkbox"/> X)	
Secretarial Staff	<input type="checkbox"/> Conditional Use: (explain) _____		(<input type="checkbox"/> X)	
	<input type="checkbox"/> Other: (explain) _____		(<input type="checkbox"/> X)	

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

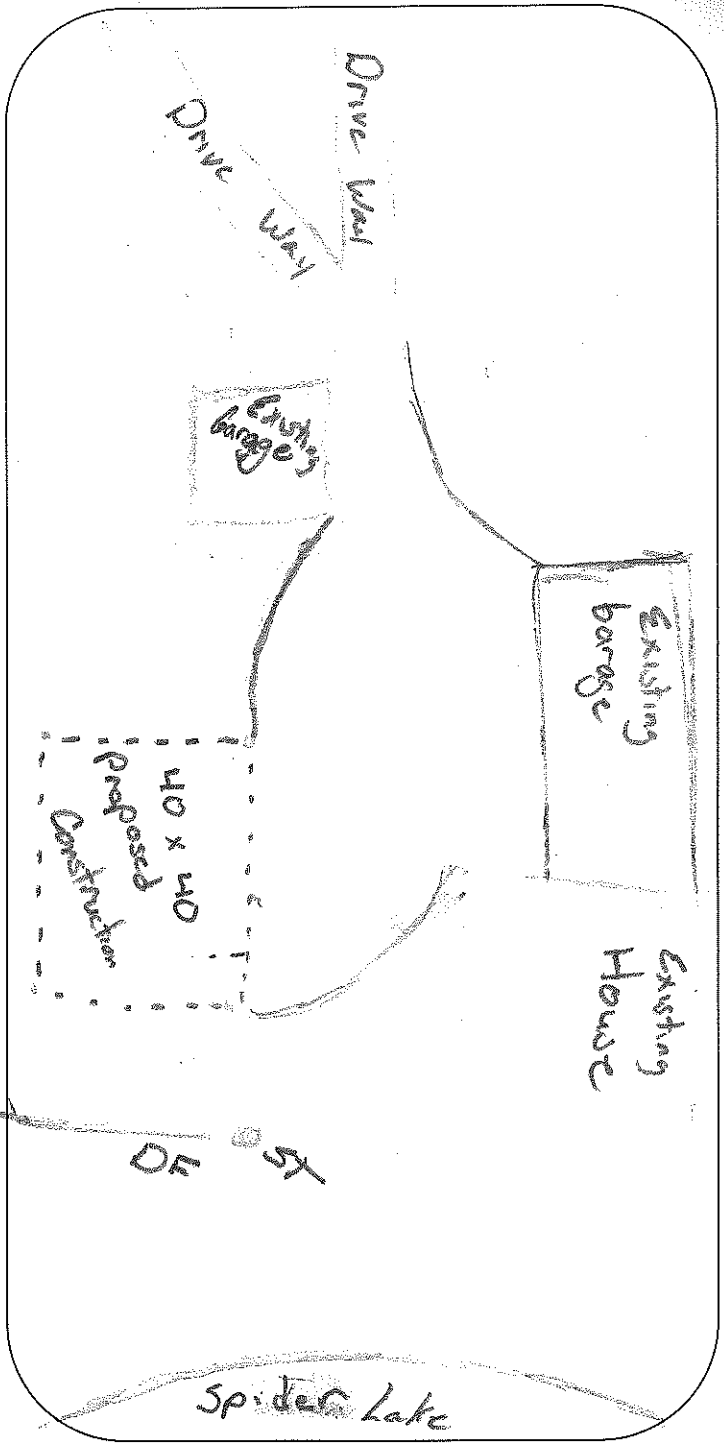
Owner(s): **Donald B Peterson**
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: **Nate Johnson**
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit **66835 Spiderlake Circle Iron River WI, 54847** Attach
Date **5-5-13**
If you recently purchased the property send your Recorded Deed

Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	350 Feet	Setback from the Lake (ordinary high-water mark)	150 Feet
Setback from the Established Right-of-Way		Setback from the River, Stream, Creek	NA Feet
		Setback from the Bank or Bluff	NA Feet
Setback from the North Lot Line	400 Feet		
Setback from the South Lot Line	150 Feet	Setback from Wetland	NA Feet
Setback from the West Lot Line	75 Feet	Setback from 20% Slope Area	NA Feet
Setback from the East Lot Line	100 Feet	Elevation of Floodplain	NA Feet
Setback to Septic Tank or Holding Tank	30 Feet	Setback to Well	40 Feet
Setback to Drain Field	30 Feet		
Setback to Privy (Portable, Composting)			

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:		Sanitary Date:
Permit Denied (Date):		Reason for Denial:			
Permit #: 13-0079		Permit Date: 5-15-13			
Is Parcel a Sub-Standard Lot		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Parcel in Common Ownership		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Case #: NA		Case #: NA		Affidavit Required	
Was Parcel Legally Created		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record: Location of buildings and Property Lines as represented by owner's survey open to be Code Compliant. Land Use Permit may be issued.					
Date of Inspection: 5/10/2013		Inspected by: Robert Schiessman		Zoning District (R1)	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached.)		Not for Human habitation.		Lakes Classification (2)	
Signature of Inspector: [Signature]		Date of Approval: 5/14/2013			
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>	
		Hold For Fees: <input type="checkbox"/>		<input type="checkbox"/>	

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
DEED FILE
Date Stamp (Required)
MAY 03 2013
Bayfield Co. Zoning Dept.

Permit #: 13-0084
Date: 5-16-13
Amount Paid: \$1005-6-13
Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp)

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: SMY A S MACAGRET E SCHUBERT	Mailing Address: 28975 STATE HWY 137	City/State/Zip: ACHLAND, WI 54804	Telephone: 715/682-9711
Address of Property: 64130 CTY HWY H		City/State/Zip: 1200 PINE, WI 54847	Cell Phone: 715/271-2885
Contractor:		Contractor Phone:	Plumber:
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Phone:	Agent Mailing Address (include City/State/Zip):
PROJECT LOCATION: 1/4, 1/4		Legal Description: (Use Tax Statement) 04-024-2-47-08-33-400-267-0600	Recorded Document: (i.e. Property Ownership) Volume: LEDIN
Section 33, Township 47N N, Range 08 W		Town of: 1200 PINE	Lot Size: 2.782

<input checked="" type="checkbox"/> Shoreland <input type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? <input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage	Distance Structure is from Shoreline: feet	Distance Structure is from Shoreline: feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	---	--	--	---	---

Value at Time of Completion * include donated time & material \$ 2,500	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input checked="" type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	Spec Type: (New) Sanitary	<input checked="" type="checkbox"/> City
<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	Spec Type: Sanitary (Exists)	<input checked="" type="checkbox"/> Well
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists)	Spec Type: Privy (Pit) or Vaulted (min 200 gallon)	<input type="checkbox"/>
<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> None	Portable (w/service contract)	<input type="checkbox"/>
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> None	Compost Toilet	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Existing Structure: (if permit being applied for is relevant to it)	Length: 60	Width: 4	Height: 8'6"
Proposed Construction:	Length: 60	Width: 4	Height: 8'6"

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	() X ()	
<input type="checkbox"/> with Loft		() X ()	
<input type="checkbox"/> with a Porch		() X ()	
<input type="checkbox"/> with (2 nd) Deck		() X ()	
<input type="checkbox"/> with (2 nd) Deck		() X ()	
<input type="checkbox"/> with Attached Garage		() X ()	
<input type="checkbox"/> Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)		() X ()	
<input type="checkbox"/> Mobile Home (manufactured date)		() X ()	
<input type="checkbox"/> Addition/Alteration (specify)		() X ()	
<input type="checkbox"/> Accessory Building (specify)		() X ()	
<input type="checkbox"/> Accessory Building Addition/Alteration (specify)		() X ()	
<input type="checkbox"/> Special Use: (explain)		() X ()	
<input type="checkbox"/> Conditional Use: (explain)		() X ()	
<input checked="" type="checkbox"/> Other: (explain) STAIRS TO THE LAKE		(4' X 60')	240'

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

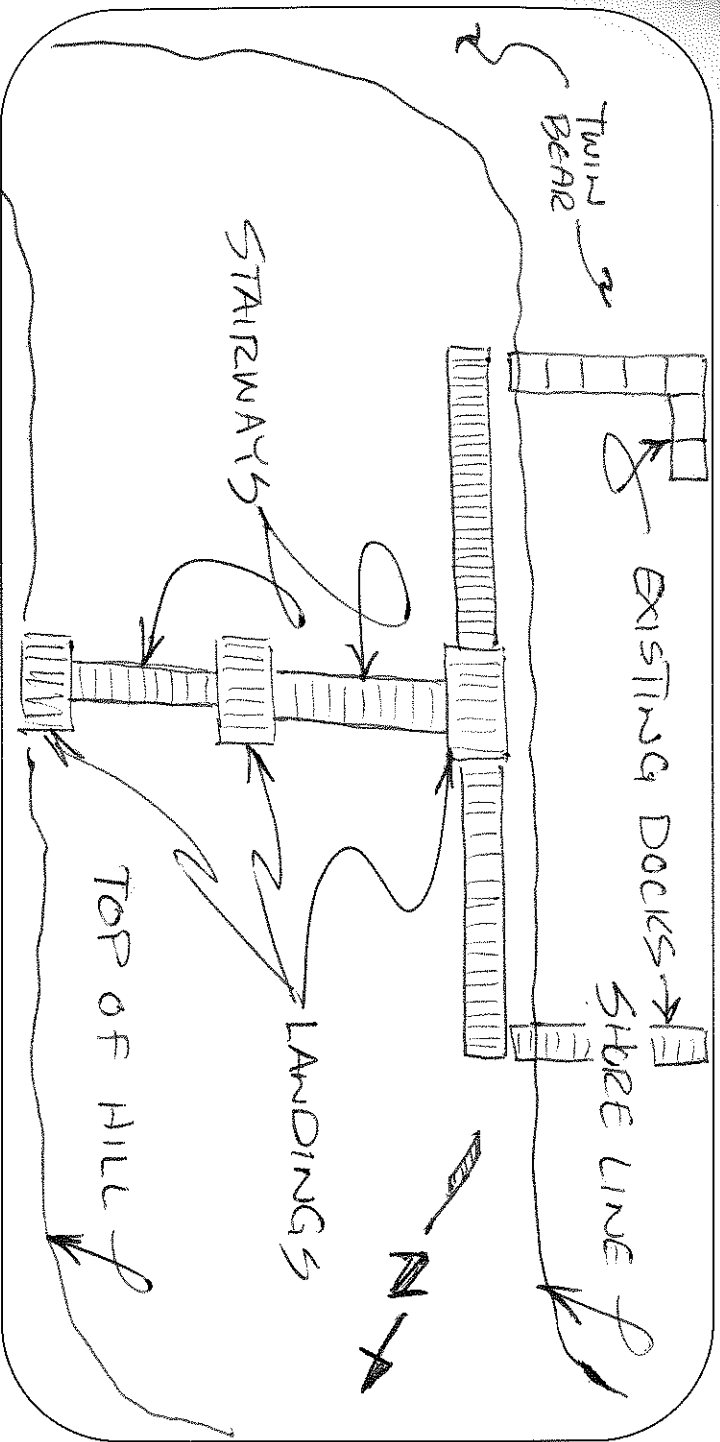
Authorized Agent: (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit: (If you recently purchased the property send your Recorded Deed)

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
- (4) Show: All Existing Structures on your Property
- (5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (7) Show any (*): (*) Wetlands; or (*) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	Feet	Setback from Wetland	Feet
Setback from the West Lot Line	Feet	Setback from 20% Slope Area	Feet
Setback from the East Lot Line	Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.
The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:		
Permit Denied (Date):		Reason for Denial:				
Permit #: <u>13-0084</u>	Permit Date: <u>5-16-13</u>					
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Deed of Record <input type="checkbox"/> Yes (Fused/Contiguous Lots) <input checked="" type="checkbox"/> No	Mitigation Required Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #:	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Was Parcel Legally Created Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Inspection Record: <u>Basins, Pumps, Seals, & Temporary Disinfectants</u>		Zoning District Lakes Classification ()		Date of Re-Inspection:		
Date of Inspection: <u>5-16-13</u>		Inspected by: <u>DDC</u>				
Condition(s): <u>Town, Committee or Board Conditions Attached?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)						
<u>WAD DISTRICT ACTIVITIES MUST BE MAINTAINED</u>						
Signature of Inspector: <u>[Signature]</u>		Date of Approval: <u>5-16-13</u>				
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>		

There are no towns or villages

SUBMIT: COMPLETED APPLICATION, TAX
STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
Date Stamp Received
MAY 14 2013
Bayfield Co. Zoning Dept.

Permit #:	13-0084
Date:	5-16-13
Amount Paid:	\$100
Refund:	5-16-13

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning.asp)

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER		
Owner's Name: <u>Brett Hornich</u>	Mailing Address: <u>244 S. 4th Rd Superior, WI 54580</u>	Telephone: <u>715-392-5396</u>
Address of Property: <u>67308 WAYSIDE ROAD</u>	City/State/Zip: <u>IRON RIVER, WI</u>	Cell Phone: <u>218-519-1893</u>
Contractor: <u>Self</u>	Contractor Phone: <u></u>	Plumber Phone: <u></u>
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone: <u></u>	Agent Mailing Address (include City/State/Zip): <u></u>
PROJECT LOCATION: <u>NE 1/4, SW 1/4</u>	Legal Description: (Use Tax Statement) <u>04-084234710816 301000 30000</u>	Recorded Document (i.e. Property Ownership) Volume <u>1061</u> Page(s) <u>574, 377A</u>
Gov't Lot	Lot(s)	CSM
Vol & Page	Lot(s) No.	Block(s) No.
Subdivision:	Lot Size	Acreage <u>6 ACRES</u>
<input checked="" type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? <u>→</u>	Distance Structure is from Shoreline: <u></u> feet
<input type="checkbox"/> Non-Shoreland	<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue →	Distance Structure is from Shoreline: <u></u> feet
		Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Value at Time of Completion * include donated time & material	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ <u>100.00</u>	<input checked="" type="checkbox"/> New Construction <input type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement <input type="checkbox"/> No Basement <input type="checkbox"/> Foundation	<input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input type="checkbox"/> Sanitary (Exists) <input checked="" type="checkbox"/> Privy (Pit) or Vented (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet <input type="checkbox"/> None	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well

Existing Structure: (if permit being applied for is relevant to it)	Length: <u></u>	Width: <u></u>	Height: <u></u>
Proposed Construction:	Length: <u></u>	Width: <u></u>	Height: <u></u>

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	(<u></u> X <u></u>)	
<input type="checkbox"/> with Loft		(<u></u> X <u></u>)	
<input type="checkbox"/> with a Porch		(<u></u> X <u></u>)	
<input type="checkbox"/> with (2 nd) Deck		(<u></u> X <u></u>)	
<input type="checkbox"/> with (2 nd) Deck with Attached Garage		(<u></u> X <u></u>)	
<input type="checkbox"/> Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)		(<u></u> X <u></u>)	
<input type="checkbox"/> Mobile Home (manufactured date) <u></u>		(<u></u> X <u></u>)	
<input type="checkbox"/> Addition/Alteration (specify) <u></u>		(<u></u> X <u></u>)	
<input type="checkbox"/> Accessory Building (specify) <u></u>		(<u></u> X <u></u>)	
<input type="checkbox"/> Accessory Building Addition/Alteration (specify) <u></u>		(<u></u> X <u></u>)	
<input type="checkbox"/> Special Use: (explain) <u></u>		(<u></u> X <u></u>)	
<input type="checkbox"/> Conditional Use: (explain) <u></u>		(<u></u> X <u></u>)	
<input checked="" type="checkbox"/> Other: (explain) <u>Stairway to lake</u>		(<u>40'11" X 28'1"</u>)	<u>93.2</u>

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

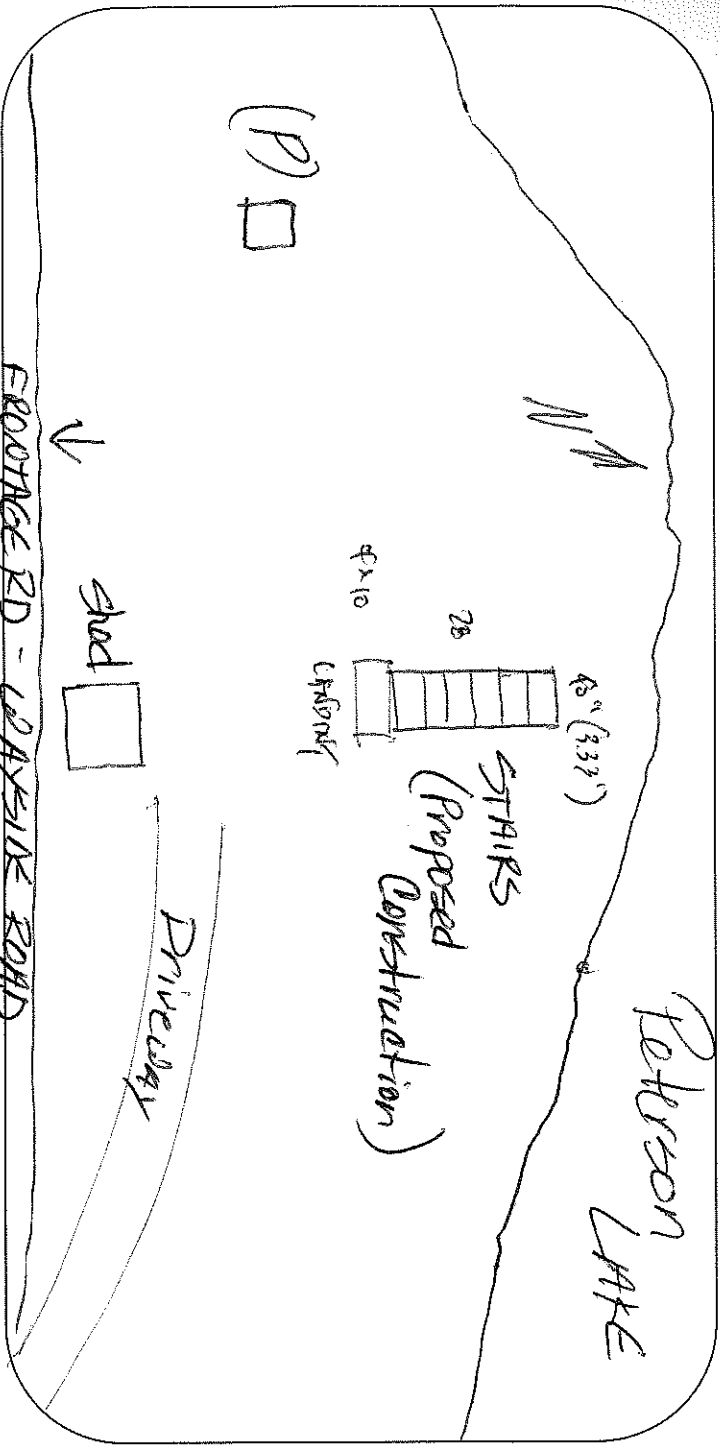
Owner(s): Brett Hornich Lucy Hornich
(if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: (if you are signing on behalf of the owner(s) a letter of authorization must accompany this application) Date 5/13/13

Address to send permit 344 S. 4th Rd A Superior WI 54580 Attach
APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE If you recently purchased the property send your Recorded Deed

Below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands, or (*) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

- (8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	N/A
Setback from the North Lot Line	Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	Feet	Setback from Wetland	Feet
Setback from the West Lot Line	Feet	Setback from 20% Slope Area	N/A
Setback from the East Lot Line	Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	N/A
Setback to Drain Field	Feet		Feet
Setback to Privy (Portable, Composting)	Feet		Feet

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

- (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:				
Permit Denied (Date):		Reason for Denial:						
Permit #: 13-0086		Permit Date: 5-16-13						
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)		Case #:				
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Was Parcel Legally Created		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Zoning District (R-1)		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record: EXISTING INSPECT STARTING & LOGGERS NECESSITATE STAIRS FOR WALK ACCESS. PLANT MAY BE ISSUED BY CONDITIONS. NOT AVOID DESIGN.		Inspected by: DP		Zoning Classification (R-1)		Lakes Classification (3)		
Date of Inspection: 5-16-13		Inspected by: DP		Date of Re-Inspection:				
Conditions: Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (If No they need to be attached.)								
WHO OTHERWISE KNOWS MUST BE ADVISED AND APPROVED(S) MAY NOT BECOME TO IT								
Signature of Inspector: [Signature]		Date of Approval: 5-16-13						
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>		Hold For Fees: <input type="checkbox"/>		<input type="checkbox"/>